014-08-25 16:06 Dep	ot of Health-HCF	865	5945739 >>	P 16/2
DEPARTMENT OF HEALTH CENTERS FOR MEDICARE STATEMENT OF DEFICIENCIES	& MEDICAID SERVICES	<u>45</u>	£ 9126114	PRINTED: 08/1. FORM APPR
WD PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDEN VIFICATION NUMBER:	(XX) MULTIPL A. BUILDING	E CONSTRUCTION 01 - MAIN BUILDING 01	(XD) DATE SURV COMPLETE
NAME OF DOOL WELL	445108	B. WING		1
NAME OF PROVIDER OR SUPPLIER			RUET ADDRESS, CITY, STATE, 2112 CODE	08/10/20
NHC HEALTHCARE, MURKRE		1 43	ON UNIVERSITY ST URFREGSBORO, TN 37130	,
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST DE PRECEDED BY FULL	1 10 !	PROVIDER'S DI AN DE COURSE	27001
TAG REGULATORY OR LE	C IDENTIFYING INFORMATION)	PREPIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REPERENCED TO THE APPR DEFICIENCY)	
K 018 · NFPA 101 LIFE SAF		K 018	K018	
. Doors protection con	ridor openings in other than		The fire doors on 2east next to the station and the 2west corridor next	nurse's
: hazardous areas :rro	or vertical openings, exits, or	' i	Think your nave been adjusted on	ebatti
	1% IDCN CEIIA kaaala laa la la	<u>{</u>	Is no impairment to the closing of t	he door. 8/25/1
i are all of conviting but	rinklered buildings are only	!	1	}
		;		}
no impediment to the	closing of the doors. Doors	1		i
	eans suitable for keeping th doors meeting 19,3,6,3,6	;	•	:
are permitted. 19.3	.6.3	Ì		i
Roller latches are prof	hibitad (maan	į		:
in all health care facili	hibited by CMS regulations lies.	i		ì
:		:	•	į
:	}	i		, 1
4	į	1		į. Į
:		į,		į
•	į	;		!
!		•		į
This STANDARD is no Based on observation	t met as evidenced by:	ţ		i
		į		!
determined the facility f	ailed to maintain the	·		
: The finaling foot as	!	7		l
The finding included:	!	!		ļ.
: Observation and testing	on 8/10/14 at 10:52 AM			!
revealed the following fit when closed:	re doors did not latch	;		-
a) 2nd floor East Corrido		r		•
		!		· 1
 b) 2nd floor West Corrid dinning room. 	or fire door hext to the	<u>.</u>		
ORY DIRECTOR'S OR PROVIDERISM	PPLIER REPRESENTATIVE'S SIGNATUR	₹₫	Bi) lore	; ; !
Many 4000			Action 10 100/15 1/2	(X8) DATE
guards provide sufficient protection	risk (*) denotes a deficiency which the to the patients. (See instructions.) Ex plan of correction is provided. For our mode evaluable to the facility. If defici	Institution may	/ HAMINISTRACTOR	8/28/
It death and production		A THE PARTY OF THE	DO DECUSAR COM COMME	

2014-08-25 16:07

Dept of Health-HCF

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P 17/23

If continuation sheet Page 2 of 7

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 08/14/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEPICIENCIES (X1) PROMINER/SUPPLIER/CLIA OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING 01 - MAIN BUILDING 01 COMPLETED 44510B D. WING. NAME OF PROVIDER OR SUPPLIER 08/10/2014 STREET ADDRESS, CITY, STATE, ZIP CODE NHC HEALTHCARE, MURFREESBORO 420 N UNIVERSITY ST MURFREESDORO, TN 37130 (X4) ID · PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION). PREFIX Сомациион (ха) tag SKOSH-REPERENCED TO THE XPPROPRIATE TAG DEFICIENCY K 018 Continued From page 1 K 018 This findings was verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 8/10/14. K 062 NFPA 101 LIFE SAFETY CODE STANDARD K 0621 SS≂D İ K062 . Required automatic sprinkler systems are The sprinkler systems are maintained in continuously maintained in reliable operating reliable operating condition. In the kitchen condition and are inspected and tested freezer the products were removed to be in periodically, 19.7.6, 4.6.12, NFPA 13, NFPA 25, compliance on 8/10/14. 8/10/14 9.7.5 The 1 west sprinkler shower room sprinkler head was cleaned from corrosion on 8/13/14. 8/13/14 This STANDARD is not met as evidenced by: The kitchen and central supply riser rooms Based on observations, it was determined the hydraulic name plates were ordered and facility falled to maintain the sprinkler system. placed on the riser on 8/21/14. 8/21/14 The findings included: The wrench and spare sprinkler box was ordered 8/18/14 and will be installed on 1. Observation of the kitchen's freezer on 8/10/14 8/29/14. 8/29/14 at 10: AM, revealed storage within 18 inches of the sprinkle, National Fire Protection Association (NFPA) 13, 5-5.5.3 (1999 Edition) 2. Observation of the 1st floor West Shower room on 8/10/14 at 12:08 PM, revealed a corroded sprinkler head (1 of 2), NFPA 26, 2-2,1,1 (1999) Edition) 3. Observation of the sprinkler riser rooms located in the kitchen and central supply room on 8/10/14 at 1:10 PM, revealed the hydraulic name plate was missing. NFPA 13, 10-5 (1999 Edition) 4. Observation of the sprinkler riser room (kitchen) on 8/10/14 at 1:10 PM, revealed there was no special wrench's provided for each type of a GMS-2d07(02-90) Provious Vargious Obsolots Event (0: FK2021 Facility ID: TN7508

2014-08-25 16:07 Dept of Health-HCF DEPARTMENT OF HEALTH AND HUMAN SERVICES

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P 18/23

CENTERS FOR MEDICARE	AND HUMAN SERVICES S. MEDICAID SERVICES			PRINTED: 08/14/20 FORM APPROVE
TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		OMB NO. 0938-03: (X3) DATE SURVEY
	445108	1	A1 - WHILE BOILDING 04	COMPLETED
NAME OF PROVIDER OR SUPPLIER	1	B. WING,	TOPHYANALUIS	08/10/2014
NHC HEALTHCARE, MURFRE	ESBORO	1:	TREET ADDITUSS, CITY, STATE, ZIP COI ZON UNIVERSITY ST	PE .
(X4) ID SUMMARY STA	TEMENT OF DEFICIONCIES MUST BE PRECEDED BY FULL	10 1	URFREESBORO, TN 37130 PROVIDER'S PLAN OF CORRI	
TAG REGULATORY OR LE	C IDENTIL YING INFORMATION	PREFIX	(EACH CORRECTIVE ACTION S)	10.11 1 V''
K 062 Continued From pag	16 Z	K 062	22.70.017	
sprinklers, NFPA 13,	8-2.9.2 (1998 Edillon)	i		1
(kikonen) on 8/10/14	sprinkler riser room at 1:10 PM, revealed the	j 		: !
· Or Open C Strinkings in	idn't have the different types installed throughout the A 13, 3-2.9.1 (1999 Edition)	!		. ;
These findings were director during the su	vorified by the maintenance rvey and acknowledged by ng the exit conference on	Ĭ. - -		; ; j
067 NFPA 101 LIFE SAFE		K 067		İ
in accordance with the	nd air conditioning comply section 9.2 and are installed manufacturer's 2.1, 9.2, NFPA 90A,	!	K067 The housekeeping closet ventilatin located across from room 239 and floor soiled utility rooms were repair 8/29/14.	the second
•	i			1
This STANDARD is not Based on observations		<u>;</u>		
i ventillating system	alled to maintain the	 		
The findings included:	1	·		!
: 1. Observation and test . AM, revealed the housin : ventilating system locate : not working system locate	ng Keeping closest	. ; ;		
(NFPA) 90 A, (1999 Edil	re Protection Association (ion)	: ;		:
2. Observation and testing AM, revealed the 2nd flo	or solled utility room had	:		;
-2507(02.49) Provious Varsions Obsolu	to 'Event ID: FK2G21	<u>:</u>		!

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		PR	P 19/2 INTED: 08/1
IN DIAM AS DEFICIENCIES (X1) PROVIDENCIA IN			FORM APPR
NO PLAN OF CORRECTION (X1) PROVIDER/SUPPLICATION NUMBER:	(X2) MULTIF A. BUILDING	LE CONSTRUCTION 3 01 - MAIN BUILDING 01	MB NO. 0938 (X3) DATE SURV
44510B			COMPLETE
AME OF PROVIDER OR SUPPLIER	B. WING		00(4.64=4
IHC HEALTHCARE, MURFREESBORO		STREET ADDRUSS, CITY, STATE, ZIP CODE 120 N UNIVERSITY ST	08/10/20
	n	MURFREESBORO, TN 37130	
PREFIX (EACH DEFICIENCY MUST OF DOCUMENTES	, lo	PROVIDER'S BLANCE DOS	
TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	PREPIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E COMPL TE COMPL
K 067 ; Continued From page 3	i		 -
positive pressure. NFPA 101, 19 5 2 4 (2000)	K 067	·	
Edition)	· ·		;
These findings were verified by the maintenance	· ·		
	, ,		;
8/10/14	:		
COGS! NEPA 101 LIFE SAFETY CODE ATTACH	· (•
40	K D691	K069	, ;
Gooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96	i	Electrical boxes have been moved and the	1
	1	new stove and fryer have been placed and fi correctly under hood's fire extinguishing	
This STANDARD	i	nozzies.	8/3.5/14
This STANDARD is not met as evidenced by: Based on observations and an interview, it was		The thirt is a	
determined the facility falled to protect the	j	The kitchen hood has been cleaned on 8/11/14 and new grease filters have been	
· · · · · · · · · · · · · · · · · · ·	Í	Ordered to prevent excess prease delopings	A
The findings included:		I new creaning schedule has been nut into	
	ì	place to clean on a weekly basis. Simplex installed new 300 Ansul system	1
Observation of the kitchen on 8/10/14 at 10:26 AM, revealed the deep fryer and stove were not center under the head's fire and stove were not.		upgrade in accordance with NFPA 17A on	h 4 ·
center under the hood's fire extinguishing	;	8/27/14.	8/27/14
	İ	Dietary staff was in-serviced on types of fire	
(1999 Edition)		uxumguisher to be used on a grease fire on	8/15/14
2. Observation of the kitchen's hood system on	;	8/15/14.	77-77 84
8/10/14 at 10:28 AM, revealed grease dripping		The kitchen exhaust fan on roof was repaired	9/10/14
At 10:29 AM, interview with black and system,	٠ ،	on 8/10/14.	8/10/14
	1		
only cleaned monthly. NPPA 95, 8-3 (1998			
3. Observation of the kitchen on 6/10/14 at 10:33	Ė		:
station had a non compliance to de-	:		ī
the system for appliance location and protection.	! :	•	:
-2507(02-00) Provious Varsions Obsoleio Event (D-56202)	1		•

2014-08-25 16:08 Dept of Health-HCF

8655945739 >> P 20/23 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 08/14/2014 FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445108 NAME OF PROVIDER OR SUPPLIER 08/10/2014 STREET ADDRESS, CITY, STATE, ZIP CODE NHC HEALTHCARE, MURFREGSBORO 420 N UNIVERSITY ST MURFREESBORO, TN 37130 SUMMARY STATEMENT OF DEPICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (XB) COMPLETION DATE TAG TAG DEFICIENCY) K 069 Continued From page 4 K 069 The tag was installed on the system on February 2014. NFPA 96, 7.2.2 (1998 Edition)

4. Interview with kitchen staff member #1 on 8/10/14 at 10:36 AM, revealed staff member #1 did not know which type of fire extinguisher to use on a grease fire, NFPA 96, 7.10.1 (1998 Edition)

5. Observation on 8/10/14 at 12:30 PM, revealed the kitchen hood exhaust fan located on the roof was not working, NFPA 96, 8.1.6 (1996 Edition)

These findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on B/10/14.

K 130; NFPA 101 MISCELLANEOUS SS=D

OTHER LSC DEFICIENCY NOT ON 2786

This STANDARD is not met as evidenced by: Health Care Emergency Preparedness Drills: Each organizational entity shall implement one or more specific responses of the emergency preparedness plan at least semi-annually. At least one semi-annual drill shall rehearse mass casualty response for health care facilities with emergency services, disaster receiving stations, or both. National Fire Protection Association (NFPA) 99, 11-5.3.9 (1999 Edition)

Based on records review it was determined the facility foiled conduct the required Health Care Emergency Preparedness Orills.

K 130 K130

> The facility contacted emergency management director on 8/27/14. The local Office of Emergency Management has been invited to participate in the drill. The object is to enhance the relationship, better understand roles and resources, and increase coordination.

8/27/14

PRM CMS.2587(02-99) Provious Versions Obsolete

Event ID: PK2021

Pacility (D: TN7605

if continuation sheet Page 5 of 7

Dept of Health-HCF

2014-08-25 16:08

P 21/23 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 08/14/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FÖRM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 (XX) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING 01 - MAIN BUILDING 01 COMPLETED 445108 U. WING NAME OF PROVIDER ON SUPPLIER 08/10/2014 STREET ADDRESS, CITY, STATE, ZIP CODE NHC HEALTHCARE, MURFREESBORO 420 N UNIVERSITY ST MURFREESBORO, TN 37130 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD UE (FACH DEFICIENCY MUST HE PRECEDED BY FULL PREFIX (XII) COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY K 130 Continued From page 5 K 130 i The finding included: : Records revelw on 8/10/14 at 12:50 PM, I revealed the facility failed to conduct the require Health Care Emergency Preparedness Drills per NFPA 99. NFPA 99, 11-5.3.9 (1999 Edition) ! This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 8/10/14 NFPA 101 LIFE SAFETY CODE STANDARD K 147 . K 147 SS≃E Electrical wiring and equipment is in accordance K147 with NFPA 70, National Electrical Code, 9,1,2 The power strips in rooms 251, 229, 115, 108, 177, 139, 223 have been removed and a quad outlet has been installed were needed. 8/13/14 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the electrical system. The findings included: 1. Observations on 8/10/14 at 10:15 AM, revealed the following locations had power strip(s) in use: Room 251 had 2 power strips. Room 229 had 1 power strip. Room 115 and 108 (tucked behind the television) Room 117 had 1 power strip. Room 139 had 3 power strips (2 of the 3 power strips was under plastic bags and other personal Items and an oxygen concentrator was plugged into the power strip) National Fire Protection Association (NFPA) 99, 8,4,12.5 (1999 Edition) RM CMS-2507(02-99) Previous Versions Obsolute

Even(ID:FK2C21

Facility ID: TN7505

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2014-08-25 16:09 Dept of Health-HCF 8655945739 >> P 22/23 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 08/14/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. SUILDING 01 - MAIN BUILDING 01 COMPLETED 445108 B. WING NAME OF PROVIDER OR SUPPLIER 08/10/2014 STREET ADDRESS, CITY, STATE, ZIP GODE NHC HEALTHCARE, MURFREESBORO 420 N UNIVERSITY ST MURFREESBORO, TN 37130 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PHEFIX (X5) -COMPLETION DATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 147: Continued From page 6 K 147 2. Observation on 6/10/14 at 10:58 AM, revealed l a multi-plug adapter was in use in room 223. NFPA 99, 8,4,12.5 (1999 Edition) These findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 8/10/14. RM CMS-2667(02-00) Provious Varsions Obsolete Event ID: FK2C21

Facility ID: TN7605

If continuation shoot Page 7 of 7